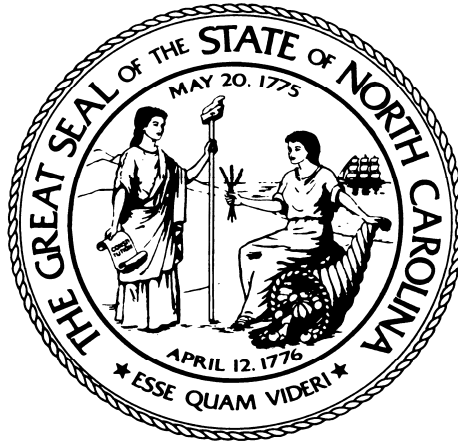


North Carolina Child and Family Leadership Council



July 2006 Report To The

Office of the Governor

Joint Appropriations Committees and Subcommittees on
Education

Joint Appropriations Committees and Subcommittees on
Justice and Public Safety

Joint Appropriations Committees and Subcommittees on
Health and Human Services

Fiscal Research Division of the Legislative Services Office

July 2006

June 30, 2006

Pursuant to Session Law 2005-276, Section 6.24, the North Carolina Child and Family Leadership Council submits its July 2006 Report to the Office of the Governor; the Joint Appropriations Committees and Subcommittees on Education; the Joint Appropriations Committees and Subcommittees on Justice and Public Safety; the Joint Appropriations Committees and Subcommittees on Health and Human Services and the Fiscal Research Division of the Legislative Services Office.

Respectfully Submitted,

The North Carolina Child and Family Leadership Council

PREFACE

The North Carolina Child and Family Leadership Council was established by the General Assembly (Session Law 2005-276) to increase the academic success and reduce out-of-home and out-of-county placements of children at risk of academic failure.

This report has been prepared by the Child and Family Leadership Council in compliance with its legislative mandate to submit a report by July 1, 2006.

This report summarizes the School-based Child and Family Support Team Initiative's authorizing legislation, the implementation process, and the progress made and goals achieved.

BACKGROUND

North Carolina continues to be recognized as a national leader in school improvement. High standards, a strong system of accountability, targeted investments in prekindergarten programs, class size reduction, high school reform, and teacher recruitment and retention initiatives are integral components of the state's effort to raise student achievement close gaps, improve graduation rates, and better prepare all students for the demands of higher education and skilled work in the 21st Century.

With the implementation of the Child and Family Support Team Initiative, this leadership has been expanded to include the provision of services to children who experience personal, family, and social factors that negatively affect their capacity to succeed academically. Governor Mike Easley has made improving coordination between the states's public schools and child serving agencies a top priority in an effort to build a system of education that gives every child every opportunity to succeed, regardless of geographic location or economic condition. Governor Easley asked the Departments of Health and Human Services and Public Instruction to develop new ways to support the health and human service needs of children and their families in order to improve student academic achievement.

LEGISLATIVE HISTORY

North Carolina's School-based Child and Family Support Team Initiative (Initiative) was authorized by the North Carolina General Assembly through the enactment of Session Law 2005-276, Senate Bill 622, "2005 Appropriations Act"¹. The legislation required the establishment of the Initiative for the purpose of identifying and coordinating appropriate community services and supports for children at risk of school failure or out-of-home placement in order to address the physical, social, legal, emotional, and developmental factors that affect academic performance. The legislation required the Department of Health and Human Services (DHHS), the Department of Public Instruction (DPI), the State Board of Education (SBE), the Department of Juvenile Justice and Delinquency Prevention (DJJDP), the Administrative Office of the Courts (AOC), and other state agencies that provide services for children to share responsibility and accountability for improving outcomes for certain at-risk children and their families.

The legislation was approved August 13, 2005 and effective July 1, 2005, and provided \$11 million to support teams comprised of a school nurse and a school social worker in 100 schools across the state.

The legislation required the Initiative to be based on the following principles:

¹ A full text version of S.L. 2005-276 is available on-line at <http://www.ncleg.net/Sessions/2005/Bills/Senate/PDF/S622v9.pdf>. A shortened version is available in Attachment A.

- The development of a strong infrastructure of interagency collaboration;
- One child, one team, one plan;
- Individualized strengths-based care;
- Accountability;
- Cultural competence;
- Children at risk of school failure or out-of-home placement may enter the system through any participating agency;
- Services must be specified, delivered, and monitored through a unified Child and Family Plan that is outcome-oriented and evaluation-based;
- Services must be the most efficient in terms of cost and effectiveness and shall be delivered in the most natural settings possible;
- Out-of-home placements for children must be a last resort and shall include concrete plans to bring the children back to a stable, permanent home, their schools, and their community; and
- Families and consumers must be involved in decision making throughout service planning, delivery, and monitoring.

The legislation also required certain activities from publicly funded child serving agencies at both the local and state levels.

Local level responsibilities include:

- The establishment of the Initiative in designated schools;
- The appointment of school nurse and school social worker Child and Family Team Leaders who must identify and screen children who are potentially at risk of academic failure or out-of-home placement due to physical, social, legal, emotional, or developmental factors;
- The appointment of a Care Coordinator by any local management entity, and a Child and Family Teams Facilitator by any department of social services that has a selected school in its catchment area for the purpose of working with the selected schools in their catchment areas and providing required training to school-based personnel.
- Responsibility for developing, convening, and implementing the Child and Family Team Initiative is based on the screening results:
 - School personnel will take the lead role for children and their families whose primary unmet needs are related to academic achievement.
 - Local management entities will take the lead role for children and their families whose primary unmet needs are related to mental health, substance abuse, or developmental disabilities and who meet the established target population criteria.
 - Local departments of public health will take the lead role for those children and their families whose primary unmet needs are health-related.

- Local departments of social services will take the lead for those children and their families whose primary unmet needs are related to child welfare, abuse, or neglect.
- Chief district court counselors will take the lead for those children and their families whose primary unmet needs are related to juvenile justice issues.
- A representative from each named or otherwise identified publicly supported children's agency must participate as a member of the Team as needed.
- Team members must coordinate, monitor, and assure the successful implementation of a unified Child and Family Plan.
- School-Based Child and Family Team Leaders are to provide data to the Council for inclusion in their report to the North Carolina General Assembly. That data will include:
 - The number of and other demographic information on children screened and assigned to a team and a description of the services needed by and provided to these children;
 - The number of and information about children assigned to a team who are placed in programs or facilities outside the child's home or outside the child's county and the average length of stay in residential treatment;
 - The amount and source of funds expended to implement the Initiative;
 - Information on how families and consumers are involved in decision making throughout service planning, delivery, and monitoring;
 - Other information as required by the Council to evaluate success in local programs and ensure appropriate outcomes; and
 - Recommendations on needed improvements.
 - The superintendent of each local LEA that has a participating school must either identify an existing cross agency collaborative or council, or shall form a new group, to serve as a local advisory committee to work with the Initiative.
 - The local advisory committee must include the directors of the county departments of social services and health, the directors of the local management entity, the chief district court judge, the chief district court counselor, and representatives of other agencies providing services to children, as designated by the Committee.
 - The members of the Committee must meet as needed to monitor and support the successful implementation of the School-Based Child and Family Team Initiative.

State level responsibilities include:

- The establishment of the North Carolina Child and Family Leadership Council (Council) located within the Department of Administration for organizational and budgetary purposes.
- For the purpose of reviewing and advising the Governor in the development of the School-Based Child and Family Team Initiative and ensure the active participation and collaboration in the Initiative by all

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State agencies and their local counterparts providing services to children in participating counties in order to increase the academic success and reduce out-of-home and out-of-county placements of children at risk of academic failure.

- Co-chaired by the Superintendent of Public Instruction and the Secretary of Health and Human Services
- Council membership must include the Secretary of the Department of Juvenile Justice and Delinquency Prevention, the Chairman of the State Board of Education, the Director of the Administrative Office of the Courts, and other members as appointed by the Governor.
- Responsibilities are to include:
 - Signing an annual memorandum of agreement (MOA) among the named state agencies to define the purposes of the program and to ensure that program goals are accomplished.
 - Resolving state policy issues, as identified at the local level, which interfere with effective implementation of the School-Based Child and Family Team Initiative.
 - Directing the integration of resources, as needed, to meet goals and ensure that the Initiative promotes the most effective and efficient use of resources and eliminates duplication of effort.
 - Establishing criteria for defining success in local programs and ensure appropriate outcomes.
 - Developing an evaluation process, based on expected outcomes, to ensure the goals and objectives of this Initiative are achieved.
 - Reviewing progress made on integrating policies and resources across State agencies, reaching expected outcomes, and accomplishing other goals.
 - Reporting semiannually, on January 1 and July 1, on progress made and goals achieved to the Office of the Governor, the Joint Appropriations Committees and Subcommittees on Education, Justice and Public Safety, and Health and Human Services, and the Fiscal Research Division of the Legislative Services Office.
- Specific state Departments must collaborate in the development and implementation of the School-Based Child and Family Team Initiative as well as provide all required support to ensure that the Initiative is successful:
 - Secretary of the Department of Health and Human Services
 - Secretary of the Department of Juvenile Justice and Delinquency Prevention
 - Director of the Administrative Office of the Courts
 - Superintendent of Public Instruction

LEGISLATED RESPONSIBILITIES AND IMPLEMENTATION

Legislated Responsibility #1: Establish the School-Based Child and Family Team Initiative (Initiative) at designated schools and appoint the Child and Family Team Leaders who will be a school nurse and a school social worker.

In order to expediently and efficiently begin to fulfill this legislated responsibility, and due to the absence of program staff, senior representatives from key state agencies began meeting in August 2005 to make up an interim work group called the “Child And Family Support Team Work Group” (Work Group). The Work Group included representatives from the following state agencies: Office Of the Governor; the Department of Public Instruction; the Divisions of Public Health; Mental Health, Substance Abuse, and Developmental Disabilities; and Social Services.

The Work Group’s focused its efforts on developing resources in key implementation areas:

- Selection criteria of the participating local education agencies (LEA) and schools.
- Job descriptions for the school nurse and social worker Child and Family Support Team (CFST) Leaders.
- Draft screening and assessment tools to be used by the CFST Leaders and program training and evaluation opportunities.

A description of the Work group’s implementation activities in each of these areas, as well as continued efforts is detailed below.

Selection of the participating LEAs and schools

Thirty-three school systems² across the state received a letter³ inviting them to apply to be selected as pilot sites along with their departments of social service, local management entities and health departments. Once the 33 LEAs were identified, the Work Group held two regional meetings⁴ for local representatives from schools, health departments, mental health agencies, and social service offices to learn more about the program and plans for statewide implementation. The members Child and Family Support Team Work Group presented at each meeting and took questions from representatives from local schools, mental health agencies, health departments, and social service agencies.

As a result of information received during the regional meetings, 31 LEAs submitted applications to be selected as pilot sites for the Initiative. Applicants were allowed to apply for up to 10 schools to receive nurse/social worker teams in their school systems.

² See Attachment B: “List of Invited Local Education Agencies” for a complete list of the 33 Local Education Agencies invited to submit applications to participate.

³ See Attachment C: “Child and Family Leadership Council Invitation Letter to Superintendents”

⁴ See Attachments D and E for agenda information concerning these meetings

From those 31 plans, the Work Group selected 21 pilot LEAs to participate in 2005-2006⁵. The site selection was made in January 2006. Each selected site had an average of five schools with school nurse/school social worker teams. The minimum number of Teams in an LEA was 2 (Hyde County Schools) with several LEAs having 6 or 7 Teams.

Sites were selected based on the following criteria:

- Identified needs of children and families in selected schools;
- Demonstrated commitment of the school system and their health, mental health and social service partners to work together to address the needs of children and families
- Geographic diversity statewide; and
- Readiness to implement at the community and school level.

A review of the applications submitted by the selected LEAs provides a “snap shot” of the depth and complexity of need faced by children and families across the state. Some identified factors negatively impacting the ability of children to succeed in school include a significant number of children:

- With reported health problems
- Receiving medications at school
- Receiving public mental health services outside of school
- Eligible for Intensive Case Management Services
- In foster care placements
- Subjects of Reading or Math Personalized Education Plans
- Identified as homeless
- Suspended long-term during the 2004-2005 school year
- Suspended “out-of-school” during the 2005-2006 school year
- Subjects of DSS Child Protective Services cases
- Involved as delinquent or undisciplined with the Department of Juvenile Justice and Delinquency Prevention
- Receiving free or reduced school lunches
- Identified with disabilities
- Retained during the 2004-2005 school year
- Pregnant or parenting
- Involved in injury reports to the school office
- Learning English as a second language

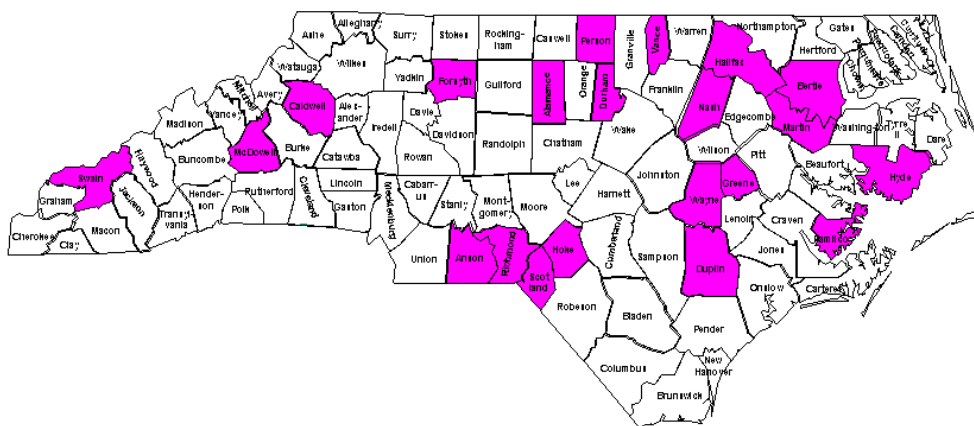
The applications also document community needs related to the lack of transportation services, employment, substance abuse (especially methamphetamine manufacturing and use) and a connected lack of treatment services, increased incidents of domestic violence, teen suicide, teen deaths related to drug overdoses, and a lack of medical providers, particularly pediatricians.

⁵ See Attachment F: “List of Selected Local Education Agencies and Schools” for the complete list.

These conditions are complicated by the fact that each of the selected LEAs documented a significant need for nurses and social workers to meet the needs they had identified. In many of the LEAs, nurses and social workers are required to serve multiple schools and therefore are “stretched” to meet the needs of as many as 2,500 children at times. As a result, many of the less immediate, but still negatively impacting, needs have been left unmet leaving the affected children and their families without adequate support and resources.

Each of the applications submitted by the selected LEAs manifested a demonstrated commitment of the school system and their health, mental health and social service partners to work together to address the needs of children and families. At a minimum this was accomplished through the acquisition of signatures on a “Terms and Conditions” document in each application, from each agency head representing the LEAs as well as their associated directors of social services, public health departments, and local management entities. As terms and conditions to be selected as a pilot site each LEA (and its community partners) was required to agree to the following:

- To put appropriate tracking systems in place to assure Initiative funds are only used to support the program itself and not to supplant any other funding.
- To assign only those responsibilities to the CFST staff (nurses and social workers) that are consistent with the Initiative.
- To work with a state-identified external evaluator and participate in all state and contracted evaluation activities.
- To follow all reporting requirements
- To facilitate and attend Local Advisory Committee meetings as required.
- That all proposed members of the Local Advisory Committees had been contacted and agreed to participate.
- To assure that all school nurses and social workers employed under the Initiative will attend all mandatory training as indicated.
- To assure that all pilot program sites will participate in all other required activities as determined.
- To include, as an attachment, other documentation of their collaborative planning process. (This documentation could consist of a timeline of their planning process, minutes of their meetings, and/or a list of the stakeholders participating in their planning.)



Geographic diversity was achieved by selecting LEAs of various sizes from throughout the state. The map above illustrates the diversity. It shows sites selected from each of the state's borders as well as throughout its interior regions. Counties included in the Initiative include some of the state's smallest, lowest wealth areas (Hyde, Swain, Pamlico, and Bertie) as well as some of its most urban areas (Durham, Forsyth, and Alamance). Farming, military, textile and furniture manufacturing, medical and computer technologies are just some of the industries that support the economies of the selected sites. Racial and cultural diversity are also represented in the selected sites as many of them report having student populations that included large percentages of black, Native American, Asian, multiracial, and Hispanic learners.

The applications submitted by the selected also illustrated the readiness to implement the Initiative at the local level. This was accomplished by including detailed plans for how the CFST nurse and social worker teams would be provided office space, equipped, supervised, and blended into the existing school culture and student support services (such as Student Assistance and Support Teams, Exceptional Children's Programs, etc.). The sites also discussed how their existing initiatives (such as the System of Care Program through their local management entities and Multiple Response System through their local departments of social services) would connect with and enhance the efforts of the Initiative. The applications documented deliberate plans to involve "feeder schools" in the Initiative as a way to assure that children and families were as positively impacted as possible.

Job descriptions for the school nurse and social worker CFST Leaders

In order to more clearly define the distinct, non-traditional roles the CFST Leader school nurses and social workers would take as part of the Initiative of the Work Group led the effort to create model job descriptions for the positions. To accomplish this numerous meetings were held with experts in the fields of school social work, school health, and

social services to develop the most comprehensive job descriptions possible. These were completed in March, 2006 and distributed to the selected sites for their consideration and use. Use of the model job descriptions developed by the Work Group was not made a requirement of the program.⁶

Draft screening and assessment tools to be used by the CFST Leaders and program training and evaluation opportunities

In order to create necessary resources to meet the programmatic, training and evaluation needs of the Initiative the Work Group formed a Training and Evaluation Advisory Committee. This committee was co-chaired by members from the senior management of the Division of Mental Health/Substance Abuse Services/Developmental Disabilities and the Division of Social Services. Its members included representatives from the following North Carolina agencies, organizations, and universities:

- Department of Public Instruction
- Office of School Readiness
- Division of Mental Health/Substance Abuse Services/Developmental Disabilities
- Division of Public Health
- Division of Social Services
- Administrative Office of the Courts
- Department of Juvenile Justice and Delinquency Prevention
- Communities in Schools of North Carolina
- Duke University, Center for Child and Family Policy
- Department of Administration

The group initially engaged in an ongoing learning process about existing best practice models in North Carolina, and nationally, that target at-risk youth. Invited guest experts in the fields of school social work, school health, and social services also participated in some meetings as a way to enhance the committee's group knowledge and expertise.

One of the committee's first responsibilities was to conduct research to ascertain the availability of a validated, research-based screening/assessment tool to be used by the CFST Leaders in the selected sites.

The committee developed a referral and screening process that centered a user-friendly "Referral Form"⁷ that initially identifies perceived barriers to a student's academic success, and provided the CFST Leaders with enough information to begin conducting an individual "strengths-based" assessment designed to engage the family in the process while identifying service needs. It was the committee's recommendation that the CFST Leaders then refer the children and families to community agencies who will ensure the

⁶ See Attachments G and H: "CFST School Nurse Model Job Description 3-20-06" and "CFST School Social Worker Job Description 3-20-06" for the actual documents.

⁷ See Attachments I and J: "Instructions for Completing the CFST Reasons for Referral Form" and "CFST Reasons for Referral Form" for the complete documents.

use of standardized, validated tools currently used in best practice models. The Child and family Service Plan would be developed and monitored through the use of Child and Family Support Team Meetings with all agencies and families participating, as required by legislation.

The committee developed a draft training plan that included suggested curriculum designed to meet the needs of all stakeholders, not just the CFST Leaders. The committee recommended that training meet the needs of the following:

- School personnel and administrators,
- Child and family Support Team Leaders (school nurses and social workers)
- Teachers, counselors, student assistance program team members (SAPs/SATs) exceptional children's coordinator/staff, bus and cafeteria staff
- Student Health Advisory Committees
- Families, advocates, guardians
- Community partners

The committee suggested that a training system be implemented to focus on programmatic and evaluation such as:

- Organizational Change & Development
 - Existing role & functions of School Assistance/Support Teams, School Registered Nurse, School Social Worker, Counselors, Exceptional Children's Program, School Health Advisory Committee, Resource Assistance Programs, etc.
 - Relationship to Child & Family Support Teams
- Child and Family Support Team Referral Process
 - Who can refer
 - Form – essential elements
 - Process – triage, info gathering, referral
 - Resource tools (screening, data)
 - Expected outcomes
 - Family role & expectations
- Child and Family Support Team Model
 - Role
 - Function
 - Process – developing a Child and Family Team
 - Strengths based assessment
 - Facilitating CFST meetings
 - Completing, implementing and modeling the unified CFST Plan (Person/family centered planning)
- Evaluation/Quality Management
 - Purpose and Goals

- Tools
- Methods and strategies
- Pilot staff role
- Family/youth role
- Community partner role
- Process
- Timeframes
- Reports
- Opportunities to apply lessons learned

From the suggestions of the committee and feedback from the Work Group, a training plan has been developed that focuses on meeting the needs of all stakeholders and community members involved with the Initiative. The training will be implemented in stages to include those in administrative and supportive positions as well as the CFST Leader nurses and social workers.

The first stage of training is designed to provide information concerning CFST Orientation and Implementation in the LEAs and individual schools. Its target audience includes principals and other LEA staff; as well as staff from the local management entity, health department, social services, and juvenile court systems. The training will be offered as one-day, regional events during the months of June and July, 2006, and provide participants with necessary information to successfully support the implementation of the Initiative in their communities and schools. Training topics include:

- Background and goals of program
- Local advisory committee - representation, role, meeting schedule
- Roles of the CFST Leader nurses and social workers in school environment
- Year round coverage of the CFST Leader nurses and social workers
- Administrative and clinical supervision of the CFST Leader nurses and social workers
- Marketing of the CFST - including how it relates to system of care or other similar initiatives, and strategies on how to blend programs
- Training and evaluation plans
- Regional meetings
- Roles of other agencies

The second stage of training is specifically targeted at meeting the programmatic needs of the CFST Leader nurses and social workers. This may also include central office staff and other significant LEA contacts, and be delivered regionally during the month of

August, 2006 prior to the beginning of the traditional school year. Training topics will include:

- The connection between coordinated school health and the Initiative

- Background and goals of the Initiative
- Appropriate referrals and screening
- Strengths-based assessments
- Child and Family Support Team Model
- Roles of the CFST Leader nurses and social workers in school environment

Discussions regarding training are currently underway with three university partners (North Carolina State University's Family Group Conferencing Project, Appalachian State University's Appalachian Family Innovations, and the Center for Youth, Family, & Community Partnerships at the University of North Carolina, Greensboro). These nationally recognized agencies have the capacity to provide training in areas such as family and community engagement, family meetings, and developing and monitoring collaborative plans.

Training will also be provided through a series of regional meetings conducted every other month. These meetings will involve the CFST Leader nurses and social workers, and provide opportunities for joint learning by participants. Topics will include domestic violence and its impact on children, and methamphetamine production and what LEA staff should be aware of to protect themselves as they visit families in their homes. These meetings will also provide opportunities for participants to be updated on issues relevant to the Initiative, and share "stories" concerning their work with families with one another.

The committee also examined possible evaluation outcomes, measures and data sources. A thorough discussion of these issues and their resolution is discussed below.

The authorizing legislation required that the Initiative be established through the appointment of school nurse and school social worker CFST Leaders. The program required that the social workers be licensed as school social workers by the Department of Public Instruction, and the nurses be nationally certified as school nurses. This was accomplished by providing funding through the most appropriate state agencies. The funding provided \$51,000 per social worker and \$50,000 per nurse. Approximately \$5,000 per CFST Team (nurse and social worker) was also allocated through the Department of Public Instruction to help the LEAs provide for "start up" costs. Funding for the school social workers was administered by the Department of Public Instruction through the addition of Initiative specific program and object codes to its established funding system. Funding for school nurses was administered through contracts established between to individual LEAs and the Department of Health and Human Services/Division of Public Health. The LEAs were authorized to begin hiring staff as early as March, 2006.

As of the beginning of June, 2006, 20 LEAs had begun hiring staff. The other LEA, Durham Public Schools, plans to contract with the local department of social services and department of public health for these positions, instead of making them employees of the LEA. According to their report the positions have been posted and interviews underway, but they are finalizing contracts with lawyers and the agencies (DSS and DPH) and will move forward with hiring once that process is completed.

As of the beginning of June, 2006 approximately 70% of the nurses and social workers are hired and “in place” in the LEAs. Other have been hired but are working through until the end of the school year (lateral moves in agencies), working out notices in other jobs, or waiting until the beginning of the school year to begin.

The LEAs have concrete plans to be fully staffed and operational by the start of the 2006-2007 traditional school year.

Legislated Responsibility #2: Appoint a Care Coordinator from each local management entity, and a Child and Family Teams Facilitator from each department of social services that has a selected school in its catchment area.

This has been accomplished through the efforts of management from the Division of Social Services and Division of Mental Health/Substance Abuse Services/Developmental Disabilities working in collaboration with their local departments of social services and management entities. As of the beginning of June, 2006 this has been fulfilled in that every Local Management Entity and Department of Social Services has appointed a specific person to serve as care coordinators and facilitators. This, in effect, has established an effective local infrastructure of educational, health and human services resources in the community.

Legislated Responsibility #3: Identify an existing cross agency collaborative or council, or form a new group, to serve as a local advisory committee to work with the Initiative.

The enabling legislation requires that local superintendents in participating Local Education Agencies (LEAs) establish and co-chair a local advisory committee, to include key local agency heads (Department of Social Services, Local Management Entity, Local Health Department, Chief District Court Judge, etc.) and other stakeholders to monitor and support the successful implementation of the Child and Family Support Team Initiative. It also stated that appropriately constituted existing committees may be used for this purpose, or new committees created. Every LEA has created these committees and they are functioning as required by statute. Most of the sites have chosen to utilize committees already in existence. These most frequently are their legislatively required School Health Advisory Committees (SHACs). Others created planning and advisory committees to collaborate in applying for the Initiative, and left them intact and functioning once selected. At least one (Durham) is using its existing System of Care Steering Committee to fulfill this function.

Legislated Responsibility #4: Develop an evaluation process, based on expected outcomes, to ensure the goals and objectives of this Initiative are achieved.

Duke University’s Center for Child and Family Policy (CCFP) has been contracted to conduct the evaluation required by legislation. A contract has been executed between the

CCFP and the Department of Health and Human Services for this purpose. The CCFP has developed an evaluation and implementation process in partnership with the Department of Health and Human Services, the Department of Public Instruction, and the Local Education Agencies that focuses on the implementation of the Initiative at the State and local levels. The plan for evaluation of the Initiative follows the participatory action research model, which involves all relevant stakeholders in actively collaborating to examine current action in order to change and improve it. This evaluation is designed to address the specific issues identified by State and local staff and practitioners, and apply the results directly to the identified problems at hand. This includes design, methods, implementation forms, periodic review and feedback, and a final report. It uses the information and learning obtained throughout this project to create an environment of continuous learning, address the underlying systemic issues that effect the outcomes for children, families, and community agencies; and provide the impetus and knowledge to make necessary system change.

The evaluation will involve tracking many outcomes from various sources of data. It will measure outcomes at the child, school and system level. Questions and issues that the evaluation will address include the following:

- A description of the youth who are served by child and family teams (grade, gender, referring problem, services received).
- A comparison of educational outcomes for schools that did and did not participate in the Child and Family Support Team Process.
- An examination of changes in educational outcomes and out-of-home placements for youth before and after they entered the Child and Family Support Team Process.
- An examination of the effects of the program on a) student's access to health care, mental health care and social services; b) student, teacher, parent, school administrator, local agency perceptions of the CFST process; and c) interagency collaboration in the community.

A description of the outcomes by source of data is below, and also discusses the work that is involved with using each data source.

- Administrative Data from North Carolina Education Data Center The North Carolina Education Data includes information on all North Carolina public school students, grades 3 through 12. This data will provide information on the following outcomes.
 - End of Grade Exams: End of Grade exams are given in reading and math in grades 3 through 8 and available for all students. Data include records for students who are absent or exempt from the test for various reasons. If a student took a retest, either because they failed it initially or for some other reason, such information is included in a separate student record within the file.
 - Number of days not in violation (similar to school absences): School attendance is not always complete in the dataset provided by the

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Department of Public Instruction. Instead, a measure that is sometimes used is in “Number of school days not in violation of the 10-day rule.” Students with 10 or more consecutive unexcused absences are in violation of the 10-day rule.

- Grade Retention: DPI does not provide information about whether students are retained in grade. However, because student data can be linked across years, the evaluation will be able to determine whether a student is enrolled in the same grade across successive years. Thus, the evaluation will provide information pertaining to grade retention, and whether this varies according to participation in the Child and Family Support Team process.
- School Drop Out: The ability to identify youth who drop out of school is somewhat limited because individuals who are not in the dataset may have enrolled in a private or parochial school, moved out of state or dropped out.
- Offenses and Consequences: Beginning in the 2000-01 school year, NC Department of Public Instruction required schools to report students who committed infractions leading to out-of-school suspension, referral to an Alternative Learning Program or expulsion and any infraction that must be reported to the police (such as drug possession) regardless of outcome. These data include records of the type of offense committed and the school’s response to that offense.
- Administrative Data from the Departments of Social Services and Department of Juvenile Justice and Delinquency Prevention: Data from the Department of Social Services and Juvenile Justice and Delinquency Prevention can provide information on out-of-home placement, the reason for placement, length of stay, and prior experience in the system. These datasets do not include information on which school the youth attended. However, they do contain the youth’s name, birth date and gender. Using these characteristics, we may be able to link information from the North Carolina Education Data Center to the data contained in these sources. The value of this combined dataset is evidenced by the fact that it represents the only source of information on out-of-home placements for youth who are not served by Child and Family Support Teams.

- Survey Data

For certain outcomes of interest participants will be questioned directly through a short survey. The following groups of individuals will be surveyed on the topics listed below:

- Students who are involved in a CFST: A statistically significant sample of students who participate in CFSTs will be asked about their perceptions of the Child and Family Support Team. Students will be asked whether they felt as though being part of a Child and Family Support Team helped them achieve their goals. Also, these students will be asked what the important component of the program was to them, and what additional services might have been helpful.
 - Parents who participated in a CFST: A statistically significant sample of parents whose child was referred to a Child and Family Team will be surveyed to learn their perceptions of the program, how involved they felt in decisions regarding care for their child and what if anything could have made involvement in the Child and Family Support Team process better.
 - Principals and other school officials: Two tools will be utilized to survey 100 % of top school administrators (principals). The first will assess the readiness of the school to adopt a new system. The second will be a satisfaction survey, asking school officials about their perceptions of the program.
 - School Readiness for Child and Family Support Teams
 - Program Satisfaction Survey
 - Social Workers and Nurses: 100% of the social workers and nurses will be surveyed as the primary source of information regarding the number of students who are referred to the child and family support team, how these students are served, and their progress through the system. Information concerning the social workers' and nurses' thoughts regarding their perceptions of the program effectiveness will also be collected.
 - Community Agencies: Key personnel at community agencies in each participating Local Education Agency's catchment area will also be surveyed. The evaluation will ask about their perceptions about whether interagency collaboration has increased and resulted in better care coordination on behalf of the youth.
- The evaluation team will produce the following products on an ongoing basis with final products delivered by April 30, 2007:
 - A database including data collected by the evaluation team throughout this ongoing process.
 - A preliminary draft of the Evaluation report for review by the Contract Administrator. Following review, changes and modifications will be incorporated into a final report.
 - Copies of the final report will be prepared and delivered to the Contract Administrator. This report will include:
 - Description of how the evaluation was designed and executed
 - Summary of the findings of each data source
 - Results from the surveys
 - Results from the evaluation

- Recommendations for improving the project or the evaluation effort based upon the results of the study as well as lessons learned throughout the project.

Legislated Responsibility #5: Establish the North Carolina Child and Family Leadership Council (Council)

The Council has been established according to the legislative requirement for the purpose of advising the Governor in the development of the Child and Family Support Team Initiative and to ensuring the active participation and collaboration in the Initiative by all State agencies and their local counterparts providing services to children in participating counties in order to increase the academic success of participating students. The Council is co-chaired by the Superintendent of Public Instruction and the Secretary of the Department of Health and Human Services, with membership drawn from the highest levels of state agencies that address the educational, health and human services needs of children.

SUMMARY

The Governor's Child and Family Support Teams Initiative stands among few others throughout the nation and the world. It provides for an exceptional opportunity to meet the needs of North Carolina's children and families. Its unique school based services, implemented through the establishment of school nurse and social worker teams will screen and identify children who are potentially at risk of academic failure or out-of-home placement due to physical, social, legal, emotional, or developmental factors, and then work with representatives from the local management entity (LMEs), local department of social services, local health department and other publicly supported children's agencies, as appropriate, to connect student and families to needed care and coordinate, monitor and assure the successful implementation of unified Child and Family Plans.

As a result, it is fully expected that the capacity of North Carolina's children to succeed in school will be enhanced and strengthened as their physical, social, legal, emotional, or developmental needs are met.

ATTACHMENTS

- A. Legislation Enacting the School Based Child and Family Support Team Initiative from 2005 General Assembly Session
- B. List of Invited Local Education Agencies
- C. Child and Family Leadership Council Invitation Letter to Superintendents
- D. Agenda for Regional Meeting in Caldwell County
- E. Agenda for Regional Meeting in Wayne County
- F. List of Selected Local Education Agencies and Schools
- G. CFST School Nurse Model Job Description 3-20-06
- H. CFST School Social Worker Model Job Description 3-20-06
- I. Instructions for Completing the CFST Reasons for Referral Form
- J. CFST Reasons for Referral Form

**COLLABORATION AMONG DEPARTMENTS OF ADMINISTRATION,
HEALTH AND HUMAN SERVICES, JUVENILE JUSTICE AND
DELINQUENCY PREVENTION, AND PUBLIC INSTRUCTION ON
SCHOOL-BASED CHILD AND FAMILY TEAM INITIATIVE**

SECTION 6.24.(a) School-Based Child and Family Team Initiative established.

(1) Purpose and duties. – There is established the School-Based Child and Family Team Initiative. The purpose of the Initiative is to identify and coordinate appropriate community services and supports for children at risk of school failure or out-of-home placement in order to address the physical, social, legal, emotional, and developmental factors that affect academic performance. The Department of Health and Human Services, the Department of Public Instruction, the State Board of Education, the Department of Juvenile Justice and Delinquency Prevention, the Administrative Office of the Courts, and other State agencies that provide services for children shall share responsibility and accountability to improve outcomes for these children and their families. The Initiative shall be based on the following principles:

- a. The development of a strong infrastructure of interagency collaboration;
- b. One child, one team, one plan;
- c. Individualized strengths-based care;
- d. Accountability;
- e. Cultural competence;
- f. Children at risk of school failure or out-of-home placement may enter the system through any participating agency;
- g. Services shall be specified, delivered, and monitored through a unified Child and Family Plan that is outcome-oriented and evaluation-based;
- h. Services shall be the most efficient in terms of cost and effectiveness and shall be delivered in the most natural settings possible;
- i. Out-of-home placements for children shall be a last resort and shall include concrete plans to bring the children back to a stable, permanent home, their schools, and their community; and
- j. Families and consumers shall be involved in decision making throughout service planning, delivery, and monitoring.

(2) Program goals and services. – In order to ensure that children receiving services are appropriately served, the affected State and local agencies shall:

- a. Increase capacity in the school setting to address the academic, health, mental health, social, and legal needs of children.
- b. Ensure that children receiving services are screened initially to identify needs and assessed periodically to determine progress and sustained improvement in educational, health, safety, behavioral, and social outcomes.

Attachment A: Legislation Enacting the Program from 2005 General Assembly Session (SENATE BILL 622)

- c. Develop uniform screening mechanisms and a set of outcomes that are shared across affected agencies to measure children's progress in home, school, and community settings.
- d. Promote practices that are known to be effective based upon research or national best practice standards.
- e. Review services provided across affected State agencies to ensure that children's needs are met.
- f. Eliminate cost shifting and facilitate cost-sharing among governmental agencies with respect to service development, service delivery, and monitoring for participating children and their families.
- g. Participate in a local memorandum of agreement signed annually by the participating superintendent of the local LEA, directors of the county departments of social services and health, director of the local management entity, the chief district court judge, and the chief district court counselor.

(3) Local level responsibilities. – In coordination with the North Carolina Child and Family Leadership Council (Council), the local board of education shall establish the School-Based Child and Family Team Initiative (Initiative) at designated schools and shall appoint the Child and Family Team Leaders who shall be a school nurse and a school social worker. Each local management entity that has any selected schools in its catchment area shall appoint a Care Coordinator, and any department of social services that has a selected school in its catchment area shall appoint a Child and Family Teams Facilitator. The Care Coordinators and Child and Family Team Facilitators shall have as their sole responsibility working with the selected schools in their catchment areas and shall provide training to school-based personnel, as required. The Child and Family Team Leaders shall identify and screen children who are potentially at risk of academic failure or out-of-home placement due to physical, social, legal, emotional, or developmental factors. Based on the screening results, responsibility for developing, convening, and implementing the Child and Family Team Initiative is as follows:

- a. School personnel shall take the lead role for those children and their families whose primary unmet needs are related to academic achievement.
- b. The local management entity shall take the lead role for those children and their families whose primary unmet needs are related to mental health, substance abuse, or developmental disabilities and who meet the criteria for the target population established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services.
- c. The local department of public health shall take the lead role for those children and their families whose primary unmet needs are health-related.
- d. Local departments of social services shall take the lead for those children and their families whose primary unmet needs are related to child welfare, abuse, or neglect.
- e. The chief district court counselor shall take the lead for those children and their families whose primary unmet needs are related to juvenile justice issues.

Attachment A: Legislation Enacting the Program from 2005 General Assembly Session (SENATE BILL 622)

A representative from each named or otherwise identified publicly supported children's agency shall participate as a member of the Team as needed. Team members shall coordinate, monitor, and assure the successful implementation of a unified Child and Family Plan.

(4) Reporting requirements. – School-Based Child and Family Team Leaders shall provide data to the Council for inclusion in their report to the North Carolina General Assembly. The report shall include the following:

- a. The number of and other demographic information on children screened and assigned to a team and a description of the services needed by and provided to these children;
- b. The number of and information about children assigned to a team who are placed in programs or facilities outside the child's home or outside the child's county and the average length of stay in residential treatment;
- c. The amount and source of funds expended to implement the Initiative;
- d. Information on how families and consumers are involved in decision making throughout service planning, delivery, and monitoring;
- e. Other information as required by the Council to evaluate success in local programs and ensure appropriate outcomes; and
- f. Recommendations on needed improvements.

(5) Local advisory committee. – In each county with a participating school, the superintendent of the local LEA shall either identify an existing cross agency collaborative or council, or shall form a new group, to serve as a local advisory committee to work with the Initiative. Newly formed committees shall be chaired by the superintendent and one other member of the committee to be elected by the committee. The local advisory committee shall include the directors of the county departments of social services and health, the directors of the local management entity, the chief district court judge, the chief district court counselor, and representatives of other agencies providing services to children, as designated by the Committee. The members of the Committee shall meet as needed to monitor and support the successful implementation of the School-Based Child and Family Team Initiative.

The Local Child and Family Team Advisory Committee may designate existing cross agency collaboratives or councils as working groups or to provide assistance in accomplishing established goals.

SECTION 6.24.(b) North Carolina Child and Family Leadership Council. –

(1) Leadership Council established; location. – There is established the North Carolina Child and Family Leadership Council (Council). The Council shall be located within the Department of Administration for organizational and budgetary purposes.

Attachment A: Legislation Enacting the Program from 2005 General Assembly Session (SENATE BILL 622)

(2) Purpose. – The purpose of the Council is to review and advise the Governor in the development of the School-Based Child and Family Team Initiative and to ensure the active participation and collaboration in the Initiative by all State agencies and their local counterparts providing services to children in participating counties in order to increase the academic success and reduce out-of-home and out-of-county placements of children at risk of academic failure.

(3) Membership. – The Superintendent of Public Instruction and the Secretary of Health and Human Services shall serve as cochair of the Council. Council membership shall include the Secretary of the Department of Juvenile Justice and Delinquency Prevention, the Chairman of the State Board of Education, the Director of the Administrative Office of the Courts, and other members as appointed by the Governor.

(4) The Council shall:

- a. Sign an annual memorandum of agreement (MOA) among the named State agencies to define the purposes of the program and to ensure that program goals are accomplished.
- b. Resolve State policy issues, as identified at the local level, which interfere with effective implementation of the School-Based Child and Family Team Initiative.
- c. Direct the integration of resources, as needed, to meet goals and ensure that the Initiative promotes the most effective and efficient use of resources and eliminates duplication of effort.
- d. Establish criteria for defining success in local programs and ensure appropriate outcomes.
- e. Develop an evaluation process, based on expected outcomes, to ensure the goals and objectives of this Initiative are achieved.
- f. Review progress made on integrating policies and resources across State agencies, reaching expected outcomes, and accomplishing other goals.
- g. Report semiannually, on January 1 and July 1, on progress made and goals achieved to the Office of the Governor, the Joint Appropriations Committees and Subcommittees on Education, Justice and Public Safety, and Health and Human Services, and the Fiscal Research Division of the Legislative Services Office.

The Council may designate existing cross agency collaboratives or councils as working groups or to provide assistance in accomplishing established goals.

SECTION 6.24.(c) Department of Health and Human Services. – The Secretary of the Department of Health and Human Services shall ensure that all agencies within the Department collaborate in the development and implementation of the School-Based Child and Family Team Initiative and provide all required support to ensure that the Initiative is successful.

SECTION 6.24.(d) Department of Juvenile Justice and Delinquency Prevention. – The Secretary of the Department of Juvenile Justice and Delinquency Prevention shall ensure

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July 2006 Report on the School-based Child and Family Support Team Initiative*

Attachment A

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Attachment A: Legislation Enacting the Program from 2005 General Assembly Session (SENATE BILL 622)

that all agencies within the Department collaborate in the development and implementation of the School-Based Child and Family Team Initiative and provide all required support to ensure that the Initiative is successful.

SECTION 6.24.(e) Administrative Office of the Courts. – The Director of the Administrative Office of the Courts shall ensure that the Office collaborates in the development and implementation of the School-Based Child and Family Team Initiative and shall provide all required support to ensure that the Initiative is successful.

SECTION 6.24.(f) Department of Public Instruction. – The Superintendent of Public Instruction shall ensure that the Department collaborates in the development and implementation of the School-Based Child and Family Team Initiative and shall provide all required support to ensure that the Initiative is successful.

Attachment B: List of Invited Local Education Agencies

	LEA NAME		LEA NAME
1	Alamance County	18	Hyde County
2	Anson County	19	Martin County
3	Bertie County	20	McDowell County
4	Brunswick County	21	Nash-Rocky Mount
5	Caldwell County	22	Northampton County
6	Caswell County	23	Pamlico County
7	Cherokee County	24	Pasquotank County
8	Cleveland County	25	Pender County
9	Duplin County	26	Person County
10	Durham Public	27	Pitt County
11	Forsyth County	28	Richmond County
12	Gaston County	29	Scotland County
13	Graham County	30	Swain County
14	Greene County	31	Vance County
15	Guilford County	32	Warren County
16	Halifax County	33	Wayne County
17	Hoke County		

Attachment C: Child and Family Leadership Council Invitation Letter to Superintendents

November 29, 2005

Superintendent *Name*

School System

Address

Address

Dear Superintendent *Name*:

This past spring, Governor Mike Easley asked our departments to work together to find ways to connect schoolchildren and their families with needed health, mental health and social services. The Governor felt strongly that we needed to offer new resources to schools to identify the needs of children at-risk of school failure and to improve coordination with social service agencies to ensure their needs are met.

Together with the Governor, we worked with the General Assembly to create the school-based Child and Family Support Team Program. The program provides funding for a school nurse and school social worker team at 100 public schools across the state. In addition, the legislation authorizing the program requires local departments of social services and local management entities (mental health agencies) to assign staff to coordinate care and services with the school-based teams for children and families. An overview of the initiative is enclosed.

We are pleased to extend an invitation to your school system to apply to be a pilot site for the program. Thirty-three school systems have been invited to submit an application. The program will begin in the spring of 2006 with teams in 100 schools in approximately 20 pilot school systems. We anticipate providing teams for an average of five schools in each of the selected school systems.

We are holding two regional meetings in order to provide you with more information about the details of the program and the application process. You (or a designee) and representatives from your local department of social services, local health department, and local management entity are invited to attend one of the following meetings:

Thursday, December 15, 2005
Caldwell County Schools Education Center
1914 Hickory Boulevard SW (Hwy 321), Lenoir, N.C.
1:00 – 3:00 p.m.

Friday, December 16, 2005
Wayne Community College, Room 101 of the Walnut Building
3000 Wayne Memorial Drive, Goldsboro, N.C.
10:00 a.m. – 12:00 noon

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Attachment C: Child and Family Leadership Council Invitation Letter to Superintendents

It is important that your community can show commitment from the outset from the school and social service leaders to work together to support the needs of children. In order to participate in the meeting and be eligible to apply for the program, you will need to send a copy of the enclosed Statement of Intent with the required signatures.

Please send your Statement of Intent by December 9th and indicate the names of attendees and which meeting you will attend to:

Walker Wilson
Office of the Governor
20301 Mail Service Center
Raleigh, NC 27699-0301
Fax: (919) 733-2120

Thank you for your commitment to improve the educational opportunities of children in your school system and across the state. We are confident that better coordination of the public schools and health and human services will assist more children to find success in school and in life. We look forward to working with you to launch this important and landmark initiative for children and families across our great state.

Best regards,

Howard N. Lee, Chairman
State Board of Education

June St. Clair Atkinson
State Superintendent

Carmen Hooker Odom, Secretary
Department of Health and Human Services

HL/JA/CHO/WW/sc

Enclosures: Program Overview; Statement of Intent

[Note: Meeting held via teleconference due to inclement weather]

Child and Family Support Team Initiative

Application Information Session

Caldwell County Board of Education

Lenoir, NC

1:00 – 3:00 p.m.

December 15, 2005

I. Welcome and Introductions

J.B. Buxton, Office of the Governor

II. Program Overview

J.B. Buxton, Office of the Governor

Paula Collins, DPI

Kevin Ryan, DHHS

Leeza Wainwright, DHHS

Jo Ann Lamm, DHHS

III. Review of Legislation

Kevin Ryan, DHHS

IV. Review of Request for Applications (RFA)

J.B. Buxton, Office of the Governor

V. Questions and Answers

VI. Adjournment

Child and Family Support Team Initiative

Application Information Session

Wayne Community College

Goldsboro, North Carolina

10:00 a.m. – 12:00 noon

December 16, 2005

VII. Welcome and Introductions

J.B. Buxton, Office of the Governor

VIII. Program Overview

J.B. Buxton, Office of the Governor

Paula Collins, DPI

Kevin Ryan, DHHS

Leza Wainwright, DHHS

Sherry Bradsher, DHHS

IX. Review of Legislation

Kevin Ryan, DHHS

X. Review of Request for Applications (RFA)

J.B. Buxton, Office of the Governor

XI. Questions and Answers

XII. Adjournment

Attachment F: List of Selected Local Education Agencies and Schools

LEAs and Schools		LEAs and Schools	
Alamance	<ul style="list-style-type: none"> • Cummings High • Broadview Middle • Andrews Elementary • Eastlawn Elementary • Harvey Newlin Elementary • Graham High • Graham Middle 	Anson	<ul style="list-style-type: none"> • Anson High • Anson Middle • Morven Elementary • Wadesboro Elementary • Wadesboro Primary
Bertie	<ul style="list-style-type: none"> • West Bertie Elementary • Windsor Elementary • Southwestern Middle • C.G. White Middle 	Caldwell	<ul style="list-style-type: none"> • Whitnel Elementary • West Lenoir Elementary • Gamewell Elementary • Gamewell Middle • West Caldwell High
Duplin	<ul style="list-style-type: none"> • James Kenan High • Rose Hill-Magnolia Elementary • Warsaw Elementary • Charity Middle • E.E. Smith Middle • Warsaw Middle 	Durham	<ul style="list-style-type: none"> • Bethesda Elementary • Neal Middle • Southern High • Eastway Elementary • Y.E. Smith Elementary • Lowe's Grove Middle • Hillside High

Attachment F: List of Selected Local Education Agencies and Schools

LEAs and Schools		LEAs and Schools	
Forsyth	<ul style="list-style-type: none"> • Konnoak Elementary • Philo Middle • Parkland High • Ibrahim Elementary • Middle Fork Elementary • Walkertown Middle • Carver High 	Greene (All schools in the county)	<ul style="list-style-type: none"> • Greene Central High • Greene County Middle • Snow Hill Primary • West Greene Elementary
Halifax	<ul style="list-style-type: none"> • Northwest Halifax High • Southeast Halifax High • William R. Davie Middle • Enfield Middle 	Hoke	<ul style="list-style-type: none"> • South Hoke Elementary • West Hoke Elementary • West Hoke Middle • Hoke County High
Hyde (2 teams for 3 campuses)	<ul style="list-style-type: none"> • Mattamuskeet Elementary • Mattamuskeet Middle • Mattamuskeet High 	Martin	<ul style="list-style-type: none"> • E J Hayes Elementary • Williamston Middle • East End Elementary • Roanoke Middle
McDowell	<ul style="list-style-type: none"> • McDowell High • East McDowell Junior High • Nebo Elementary • Eastfield Elementary 	Nash-Rocky Mount	<ul style="list-style-type: none"> • D.S. Johnson Elementary • Williford Elementary • Nash Central Middle • Nash Central High
Pamlico (All schools in the county)	<ul style="list-style-type: none"> • Fred Anderson Elementary • Pamlico County Middle • Pamlico County High • Pamlico County Primary 	Person	<ul style="list-style-type: none"> • Northern Middle • Southern Middle • Person High

Attachment F: List of Selected Local Education Agencies and Schools

LEAs and Schools		LEAs and Schools	
Richmond	<ul style="list-style-type: none"> • Rohanen Primary • Ashley Chapel Elementary • Hoffman Elementary • Ellerbe Junior High 	Scotland	<ul style="list-style-type: none"> • Carver Middle • Sycamore Lane Middle • Laurel Hill Elementary • Wagram Primary • Spring Hill Middle • I.E. Johnson Elementary • North Laurinburg Elementary
Swain (All schools in the county)	<ul style="list-style-type: none"> • Swain High • Swain Middle • Swain East Elementary 	Vance (All schools in the county)	<ul style="list-style-type: none"> • L.B. Yancey Elementary • Henderson Middle • Southern Vance High • Pinkston Street Elementary • Eaton-Johnson Middle • Northern Vance High
Wayne	<ul style="list-style-type: none"> • Spring Creek Elementary • Spring Creek High • North Drive Elementary • Brogden Primary • Grantham School • Carver Elementary 		

DRAFT DRAFT DRAFT

CHILD AND FAMILY SUPPORT TEAM INITIATIVE SCHOOL NURSE

MODEL JOB DESCRIPTION

OVERVIEW

The School Nurse Child and Family Support Team Leader is a critical member of the Child and Family Support Team (CFST) Initiative. Each CFST School Nurse will work closely with a CFST Social Worker; together they will make up the school-based Child and Family Leadership Team.

The CFST School Nurse will always adhere to the values and ethics of the nursing profession.

The activities and responsibilities of the CFST School Nurse will be entirely focused on achieving the objectives of the CFST Initiative.

According to the legislation which created the CFST Initiative, “The purpose of the Initiative is to identify and coordinate appropriate community services and supports for children at risk of school failure or out-of-home placement in order to address the physical, social, legal, emotional, and developmental factors that affect academic performance.”

The principles on which the initiative is based include:

- a. The development of a strong infrastructure of interagency collaboration;
- b. One child, one team, one plan;
- c. Individualized strengths-based care;
- d. Accountability;
- e. Cultural competence;
- f. Children at risk of school failure or out-of-home placement may enter the system through any participating agency;
- g. Services shall be specified, delivered, and monitored through a unified Child and Family Plan that is outcome-oriented and evaluation-based;
- h. Services shall be the most efficient in terms of cost and effectiveness and shall be delivered in the most natural settings possible;
- i. Out-of-home placements for children shall be a last resort and shall include concrete plans to bring the children back to a stable, permanent home, their schools, and their community; and
- j. Families and consumers shall be involved in decision making throughout service planning, delivery, and monitoring.

In order to carry out the mission of the Child and Family Support Team Initiative, the primary responsibility of the CFST Nurse is to lead, in collaboration with the CFST Social Worker, Child and Family Support Teams and to participate in Child and Family Support Teams when other designated agencies have assumed the lead role in service provision.

Attachment G: CFST School Nurse Model Job Description 3-20-06

This is not a traditional role for school nurses. Children and families have a prominent role in CFST meetings. There will frequently be more family members and members of their support system present at CFST meetings than professional staff. CFST meetings must occur at times convenient to the family and at places convenient to the family. CFST meetings will commonly occur off the school campus and outside school hours. Since families do not “go away during the summer,” each district is responsible for devising methods to ensure that families’ needs are met throughout the year. Nurses who are not comfortable with these expectations will not be successful as CFST leaders and participants.

In some schools, participation in Child and Family Support Team activities may consume the entire time of the CFST Nurse. However, because staffing ratios in the Child and Family Support Team Initiative are generally lower than those found in typical school settings, in many schools CFST nurses will also be able, in addition to their Child and Family Support Team efforts, to carry out nursing responsibilities consistent with the School Nurse Funding Initiative; these responsibilities will also be included in this model job description.

MECHANICS OF THE CHILD AND FAMILY SUPPORT TEAM PROCESS

CFST School Nurses shall identify and screen children who are potentially at risk of academic failure or out-of-home placement due to physical, social, legal, emotional, or developmental factors. CFST School Nurses will utilize uniform screening mechanisms and a set of outcomes that are shared across affected agencies to measure children's progress in home, school, and community settings.

Each Local Management Entity (LME) which has a participating school within its catchment area will identify a Care Coordinator, and any Department of Social Services (DSS) with a participating school within its catchment areas shall appoint a Child and Family Support Teams Facilitator. The Care Coordinators and Child and Family Support Team Facilitators shall have as their sole responsibility working with the selected schools in their catchment areas and shall provide training to school-based personnel

The CFST School Nurse and the CFST Social Worker will work closely with educational colleagues, the LME Care Coordinator, the DSS Child and Family Team Facilitators, the local health department, community resources such as primary care providers, and families, to meet the identified physical, social, legal, emotional, or developmental needs of children at their schools. These needs may be met by direct service provision commensurate with relevant nursing professional standards and the training and experience of the CFST School Nurse, and also by appropriate referral to the LME, DSS, LHD or other appropriate community resources

The CFST School Nurse will utilize practices that are known to be effective based upon research or national best practice standards. The CFST School Nurse will also assess identified children periodically to determine progress and sustained improvement in educational, health, safety, behavioral, and social outcomes. The CFST School Nurse will record data required by the initiative evaluation plan, and will provide that data to initiative evaluators. All data reporting requirements will observe appropriate FERPA and any other relevant confidentiality restrictions.

The legislation creating the initiative directs that in each county with a participating school, the superintendent of the local LEA shall either identify an existing cross agency collaborative or

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Attachment G

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Attachment G: CFST School Nurse Model Job Description 3-20-06

council, or shall form a new group, to serve as a local advisory committee to work with the Initiative, to be called the Local Child and Family Support Team Advisory Committee. Newly formed committees shall be chaired by the superintendent and one other member of the committee to be elected by the committee. The local advisory committee shall include the directors of the county departments of social services and health, the directors of the local management entity, the chief district court judge, the chief district court counselor, and representatives of other agencies providing services to children, as designated by the Committee. The CFST School Nurse shall attend, participate in and otherwise support the local leadership team as requested by the Committee chair.

The Child and Family Support Team School Nurse will use the strengths of the CFST Initiative model to help achieve the goals of the CFST Initiative. The activities of the CFST School Nurse are consistent with recognized best practice standards in nursing practice in general and school nursing practice in particular.

ADDITIONAL SCHOOL NURSE ACTIVITIES

As mentioned above, while the primary responsibility of the CFST Nurse is to lead Child and Family Support Teams and participate in Child and Family Support Teams led by other local agencies, in many instances CFST nurses will also be able to carry out some of the valuable activities carried out by School Nurse Funding Initiative (SNFI) nurses. A synopsis of these activities follows. A more complete description of these activities is included as APPENDIX I.

The school nurse will plan, implement, coordinate and evaluate school health services that:

- 1) maximize the quantity of in class time by reducing the incidence of health-related absenteeism,
- 2) eliminate or minimize health problems which impair learning, and
- 3) achieve the highest degree of independent functioning possible.

To accomplish these responsibilities, the school nurse serves in a variety of roles:

- **School Health Services Program Manager/Coordinator**
- **Case Manager and Direct Care Provider for Students with Special Health Care Needs and Those Needing Health Services**
- **Collaborator/Advocate**
- **Educator for School and Community Concerns**
- **Counselor for Health Concerns of Students and their Families and the Staff**

APPENDIX I: ADDITIONAL SCHOOL NURSE ACTIVITIES

The school nurse will plan, implement, coordinate and evaluate school health services that:

- 1) maximize the quantity of in class time by reducing the incidence of health related absenteeism,
- 2) eliminate or minimize health problems which impair learning, and
- 3) achieve the highest degree of independent functioning possible.

Attachment G: CFST School Nurse Model Job Description 3-20-06

More specifically, the school nurse:

- 1) identifies the health care needs of specific student populations and the availability of health services/resources,
- 2) plans and implements services to meet those health care needs,
- 3) assesses and evaluates the effectiveness of the services and health care plans, and
- 4) collaborates with a wide variety of school system and professional disciplines to enhance the educational process and the promotion of an optimal level of wellness for students, families and staff.

The school nurse functions independently under state and agency guidelines and policies without on-site supervision. Work is self-directed and clinically autonomous. Limited supervision may be exercised over volunteers and/or unlicensed personnel.

To accomplish these responsibilities, the school nurse serves in the roles as program manager/coordinator, case manager/direct care provider, collaborator/advocate, educator and counselor for the entire school/school district. More specific responsibilities in each of these categories are as follows:

School Health Services Program Manager/Coordinator

In this role, the school nurse addresses system-wide health services issues that affect the entire school population, i.e., population focused care.

1. Coordination and participation in the establishment, review and implementation of school health/services policies and procedures.
2. Assurance that such policies and related procedures adhere to legal and regulatory requirements and ethical standards of nursing practice.
3. Assessment, planning and evaluation of the health services component of the coordinated school health program.
4. Implementation of communicable disease control in the school, including monitoring, surveillance and participating in disease prevention and outbreak management within the school.
5. Serving as the health care consultant for school personnel, students and their parents/families.
6. Provision of professional health leadership to administrators and school staff.
7. Development and **manages** the of quality improvement activities for the school health services component of the school health program.
8. Assurance that school health services and activities are appropriately documented.
9. Documentation, compilation and analysis of data for required reports on school health services.
10. Development and training of staff who provide health services, including the administration of medication to students.
11. Coordination of the establishment of guidelines, procedures and training in First Aid/CPR/First Responder Program for schools and staff.
12. Participation in the development of the school's emergency health and crises plan.
13. Where applicable, directing, monitoring and **supervising** aides/assistants/volunteers assigned to the school health program.
14. Development of a system for the identification of students with special health care needs.

Attachment G: CFST School Nurse Model Job Description 3-20-06

Case Manager and Direct Care Provider for Students with Special Health Care Needs and Those Needing Health Services

In this role, the school nurse addresses the health needs of individual students or small groups of students.

- 1 Identification of students with special health care needs.
- 2 Development of emergency action plans for students at risk of medical crises at school or during a school function.
- 3 Development of and monitoring of individual health care plans (IHPs) for students who need invasive procedures performed during the school day, as well as for students who may require adaptation of the learning environment or classroom schedule.
4. **Supervises** the case management of students with complex health needs.
5. Provision of health related consultation as a member of the Individualized Education Plan (IEP) team.
6. Provision of consultation and recommendations in the planning and development of accommodation plans for Section 504 eligible students.
7. Determination of the tasks that may be appropriately delegated to unlicensed persons on a student by student basis and the provision of training of these people for those tasks.
8. On-going **supervision** of delegated staff to assure that they can safely and effectively perform the tasks.
9. **Manages** the training for staff regarding chronic illnesses experienced by students at school.
10. Functioning as a health resource for chronically ill students and their families.
11. Provision of periodic health appraisals of students with identified or suspected health problems.
12. Initiation of referrals and follow-up for students with identified or suspected health problems.
13. **Manages** the screening programs and immunization review/follow up for the school system.

Collaborator/advocate

1. Function as the liaison between the school and local health service agencies/providers.
2. Interpret health mandates, recommendations and trends to school personnel through written materials, meetings, etc.
3. Collaborate with other student services personnel to prevent health problems from becoming reasons for educational failure.
4. Provision of guidance and support to families in finding and using treatment services.
5. Collaborate with community agencies to provide resources for students and their families through serving on committees, task forces, etc.
6. Seek out local and other resources for use in the school setting.
7. Support the development and on-going functioning of the School Health Advisory Committee.

Educator for School and Community Concerns

1. Participation with other school personnel in developing workshops for teachers, assistants and other staff on health-related topics.
2. Conducting of in-service training for school personnel on health issues.

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3. Provision of classroom health instruction to increase the existing teaching staff's capacity to achieve the school's health education goals.
4. Participation in the development and implementation of health promotion activities.

Counselor for Health Concerns of Students and their Families and the Staff

1. Provision of health counseling for students and their families to maximize classroom participation.
2. Development and/or facilitation of health-oriented support groups.
3. Promotion of health through education and counseling.
4. Interpretation of students' health needs to school personnel and facilitation of understanding of and adjustment to changes and limitations.

Knowledge, Skills and Abilities

The complex role of the school nurse demands, but is not limited to an understanding of:

- Community, including community as a system and aggregates as clients
- Counseling and crisis intervention
- Case finding, case management and advocacy
- Program management, including personnel supervision
- Family theory, assessment and intervention
- Leadership, networking and collaboration
- Ethnic and cultural sensitivity and competence
- Contemporary health and psychosocial issues that influence children
- Health care delivery systems and the concepts of primary health care
- School as a non-traditional health care setting
- School health law
- Special education legislation and services
- Scope of school nursing practice
- Development, management and evaluation of school health programs
- Environmental health within the school community

Skills related to this important role include the ability to:

- Plan, coordinate and supervise the work of others
- Deal tactfully with others and to exercise good judgment in appraising situations
- Make independent and timely nursing decisions and to triage
- Secure the cooperation and respect of students, faculty and staff
- Elicit needed information and to maintain effective working relationships
- Record accurately services rendered and to interpret and explain records, reports, activities, health care plans, accommodations and medical interventions

Qualifications:

- Registered nurse, currently licensed in North Carolina
- Nationally certified school nurse or registered nurse working toward national certification

APPENDIX II: CFST LEGISLATION

COLLABORATION AMONG DEPARTMENTS OF ADMINISTRATION, HEALTH AND HUMAN SERVICES, JUVENILE JUSTICE AND DELINQUENCY PREVENTION, AND PUBLIC INSTRUCTION ON SCHOOL-BASED CHILD AND FAMILY TEAM INITIATIVE

SECTION 6.24.(a) School-Based Child and Family Team Initiative established. –

(1) Purpose and duties. – There is established the School-Based Child and Family Team Initiative. The purpose of the Initiative is to identify and coordinate appropriate community services and supports for children at risk of school failure or out-of-home placement in order to address the physical, social, legal, emotional, and developmental factors that affect academic performance. The Department of Health and Human Services, the Department of Public Instruction, the State Board of Education, the Department of Juvenile Justice and Delinquency Prevention, the Administrative Office of the Courts, and other State agencies that provide services for children shall share responsibility and accountability to improve outcomes for these children and their families. The Initiative shall be based on the following principles:

- a. The development of a strong infrastructure of interagency collaboration;
- b. One child, one team, one plan;
- c. Individualized strengths-based care;
- d. Accountability;
- e. Cultural competence;
- f. Children at risk of school failure or out-of-home placement may enter the system through any participating agency;
- g. Services shall be specified, delivered, and monitored through a unified Child and Family Plan that is outcome-oriented and evaluation-based;
- h. Services shall be the most efficient in terms of cost and effectiveness and shall be delivered in the most natural settings possible;
- i. Out-of-home placements for children shall be a last resort and shall include concrete plans to bring the children back to a stable, permanent home, their schools, and their community; and
- j. Families and consumers shall be involved in decision making throughout service planning, delivery, and monitoring.

(2) Program goals and services. – In order to ensure that children receiving services are appropriately served, the affected State and local agencies shall:

- a. Increase capacity in the school setting to address the academic, health, mental health, social, and legal needs of children.
- b. Ensure that children receiving services are screened initially to identify needs and assessed periodically to determine progress and sustained improvement in educational, health, safety, behavioral, and social outcomes.

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- c. Develop uniform screening mechanisms and a set of outcomes that are shared across affected agencies to measure children's progress in home, school, and community settings.
- d. Promote practices that are known to be effective based upon research or national best practice standards.
- e. Review services provided across affected State agencies to ensure that children's needs are met.
- f. Eliminate cost shifting and facilitate cost-sharing among governmental agencies with respect to service development, service delivery, and monitoring for participating children and their families.
- g. Participate in a local memorandum of agreement signed annually by the participating superintendent of the local LEA, directors of the county departments of social services and health, director of the local management entity, the chief district court judge, and the chief district court counselor.

(3) Local level responsibilities. – In coordination with the North Carolina Child and Family Leadership Council (Council), the local board of education shall establish the School-Based Child and Family Team Initiative (Initiative) at designated schools and shall appoint the Child and Family Team Leaders who shall be a school nurse and a school social worker. Each local management entity that has any selected schools in its catchment area shall appoint a Care Coordinator, and any department of social services that has a selected school in its catchment area shall appoint a Child and Family Teams Facilitator. The Care Coordinators and Child and Family Team Facilitators shall have as their sole responsibility working with the selected schools in their catchment areas and shall provide training to school-based personnel, as required. The Child and Family Team Leaders shall identify and screen children who are potentially at risk of academic failure or out-of-home placement due to physical, social, legal, emotional, or developmental factors. Based on the screening results, responsibility for developing, convening, and implementing the Child and Family Team Initiative is as follows:

- a. School personnel shall take the lead role for those children and their families whose primary unmet needs are related to academic achievement.
- b. The local management entity shall take the lead role for those children and their families whose primary unmet needs are related to mental health, substance abuse, or developmental disabilities and who meet the criteria for the target population established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services.
- c. The local department of public health shall take the lead role for those children and their families whose primary unmet needs are health-related.
- d. Local departments of social services shall take the lead for those children and their families whose primary unmet needs are related to child welfare, abuse, or neglect.
- e. The chief district court counselor shall take the lead for those children and their families whose primary unmet needs are related to juvenile justice issues.

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A representative from each named or otherwise identified publicly supported children's agency shall participate as a member of the Team as needed. Team members shall coordinate, monitor, and assure the successful implementation of a unified Child and Family Plan.

(4) Reporting requirements. – School-Based Child and Family Team Leaders shall provide data to the Council for inclusion in their report to the North Carolina General Assembly. The report shall include the following:

- a. The number of and other demographic information on children screened and assigned to a team and a description of the services needed by and provided to these children;
- b. The number of and information about children assigned to a team who are placed in programs or facilities outside the child's home or outside the child's county and the average length of stay in residential treatment;
- c. The amount and source of funds expended to implement the Initiative;
- d. Information on how families and consumers are involved in decision making throughout service planning, delivery, and monitoring;
- e. Other information as required by the Council to evaluate success in local programs and ensure appropriate outcomes; and
- f. Recommendations on needed improvements.

(5) Local advisory committee. – In each county with a participating school, the superintendent of the local LEA shall either identify an existing cross agency collaborative or council, or shall form a new group, to serve as a local advisory committee to work with the Initiative. Newly formed committees shall be chaired by the superintendent and one other member of the committee to be elected by the committee. The local advisory committee shall include the directors of the county departments of social services and health, the directors of the local management entity, the chief district court judge, the chief district court counselor, and representatives of other agencies providing services to children, as designated by the Committee. The members of the Committee shall meet as needed to monitor and support the successful implementation of the School-Based Child and Family Team Initiative.

The Local Child and Family Team Advisory Committee may designate existing cross agency collaboratives or councils as working groups or to provide assistance in accomplishing established goals.

SECTION 6.24.(b) North Carolina Child and Family Leadership Council. –

(1) Leadership Council established; location. – There is established the North Carolina Child and Family Leadership Council (Council). The Council shall be located within the Department of Administration for organizational and budgetary purposes.

(2) Purpose. – The purpose of the Council is to review and advise the Governor in the development of the School-Based Child and Family Team Initiative and to ensure the active participation and collaboration in the Initiative by all State agencies and their local counterparts

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providing services to children in participating counties in order to increase the academic success and reduce out-of-home and out-of-county placements of children at risk of academic failure.

(3) **Membership.** – The Superintendent of Public Instruction and the Secretary of Health and Human Services shall serve as cochairmen of the Council. Council membership shall include the Secretary of the Department of Juvenile Justice and Delinquency Prevention, the Chairman of the State Board of Education, the Director of the Administrative Office of the Courts, and other members as appointed by the Governor.

(4) The Council shall:

- a. Sign an annual memorandum of agreement (MOA) among the named State agencies to define the purposes of the program and to ensure that program goals are accomplished.
- b. Resolve State policy issues, as identified at the local level, which interfere with effective implementation of the School-Based Child and Family Team Initiative.
- c. Direct the integration of resources, as needed, to meet goals and ensure that the Initiative promotes the most effective and efficient use of resources and eliminates duplication of effort.
- d. Establish criteria for defining success in local programs and ensure appropriate outcomes.
- e. Develop an evaluation process, based on expected outcomes, to ensure the goals and objectives of this Initiative are achieved.
- f. Review progress made on integrating policies and resources across State agencies, reaching expected outcomes, and accomplishing other goals.
- g. Report semiannually, on January 1 and July 1, on progress made and goals achieved to the Office of the Governor, the Joint Appropriations Committees and Subcommittees on Education, Justice and Public Safety, and Health and Human Services, and the Fiscal Research Division of the Legislative Services Office.

The Council may designate existing cross agency collaboratives or councils as working groups or to provide assistance in accomplishing established goals.

SECTION 6.24.(c) Department of Health and Human Services. – The Secretary of the Department of Health and Human Services shall ensure that all agencies within the Department collaborate in the development and implementation of the School-Based Child and Family Team Initiative and provide all required support to ensure that the Initiative is successful.

SECTION 6.24.(d) Department of Juvenile Justice and Delinquency Prevention. – The Secretary of the Department of Juvenile Justice and Delinquency Prevention shall ensure that all agencies within the Department collaborate in the development and implementation of the School-Based Child and Family Team Initiative and provide all required support to ensure that the Initiative is successful.

SECTION 6.24.(e) Administrative Office of the Courts. – The Director of the Administrative Office of the Courts shall ensure that the Office collaborates in the development

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and implementation of the School-Based Child and Family Team Initiative and shall provide all required support to ensure that the Initiative is successful.

SECTION 6.24.(f) Department of Public Instruction. – The Superintendent of Public Instruction shall ensure that the Department collaborates in the development and implementation of the School-Based Child and Family Team Initiative and shall provide all required support to ensure that the Initiative is successful.

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CHILD AND FAMILY SUPPORT TEAM INITIATIVE SOCIAL WORKER

MODEL JOB DESCRIPTION

OVERVIEW

The Social Work Child and Family Support Team Leader is a critical member of the Child and Family Support Team (CFST) Initiative. Each CFST Social Worker will work closely with a CFST School Nurse; together they will make up the school-based Child and Family Leadership Team.

The CFST Social Worker will always adhere to the values and ethics of the social work profession and will use the NASW Standards for School Social Work and Code of Ethics as guides in decision-making. The activities and responsibilities of the CFST Social Worker will be entirely focused on achieving the objectives of the CFST Initiative.

According to the legislation which created the CFST Initiative, “The purpose of the Initiative is to identify and coordinate appropriate community services and supports for children at risk of school failure or out-of-home placement in order to address the physical, social, legal, emotional, and developmental factors that affect academic performance.”

The principles on which the initiative is based include:

- a. The development of a strong infrastructure of interagency collaboration;
- b. One child, one team, one plan;
- c. Individualized strengths-based care;
- d. Accountability;
- e. Cultural competence;
- f. Children at risk of school failure or out-of-home placement may enter the system through any participating agency;
- g. Services shall be specified, delivered, and monitored through a unified Child and Family Plan that is outcome-oriented and evaluation-based;
- h. Services shall be the most efficient in terms of cost and effectiveness and shall be delivered in the most natural settings possible;
- i. Out-of-home placements for children shall be a last resort and shall include concrete plans to bring the children back to a stable, permanent home, their schools, and their community; and
- j. Families and consumers shall be involved in decision making throughout service planning, delivery, and monitoring.

In order to carry out the mission of the Child and Family Support Team Initiative, the primary responsibility of the CFST Social Worker is to lead, in collaboration with the CFST Nurse, Child and Family Support Teams and to participate in Child and Family Support Teams when other designated agencies have assumed the lead role in service provision.

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This is not a traditional role for school social workers. Children and families have a prominent role in CFST meetings. There will frequently be more family members and members of their support system present at CFST meetings than professional staff. CFST meetings must occur at times convenient to the family and at places convenient to the family. CFST meetings will commonly occur off the school campus and outside school hours. Since families do not “go away during the summer,” each district is responsible for devising methods to ensure that families’ needs are met throughout the year. Social Workers who are not comfortable with these expectations will not be successful as CFST leaders and participants.

In some schools, participation in Child and Family Support Team activities may consume the entire time of the CFST Social Worker. However, because staffing ratios in the Child and Family Support Team Initiative are generally lower than those found in typical school settings, in many schools CFST Social Workers will also be able, in addition to their Child and Family Support Team efforts, to carry out social work responsibilities consistent with best practices in traditional school social work.

MECHANICS OF THE CHILD AND FAMILY SUPPORT TEAM PROCESS

CFST Social Workers shall identify and screen children who are potentially at risk of academic failure or out-of-home placement due to physical, social, legal, emotional, or developmental factors. CFST Social Workers will utilize uniform screening mechanisms and a set of outcomes that are shared across affected agencies to measure children's progress in home, school, and community settings.

Each Local Management Entity (LME) which has a participating school within its catchment area will identify a Care Coordinator, and any Department of Social Services (DSS) with a participating school within its catchment areas shall appoint a Child and Family Support Teams Facilitator. The Care Coordinators and Child and Family Support Team Facilitators shall have as their sole responsibility working with the selected schools in their catchment areas and shall provide training to school-based personnel.

The CFST Social Worker and the CFST School Nurse will work closely with educational colleagues, the LME Care Coordinator, the DSS Child and Family Team Facilitators, the local health department, community resources such as primary care providers, and families, to meet the identified physical, social, legal, emotional, or developmental needs of children at their schools. These needs may be met by direct service provision commensurate with relevant social work professional standards and the training and experience of the CFST Social Worker, and also by appropriate referral to the LME, DSS, LHD or other appropriate community resources.

The CFST Social Worker will utilize practices that are known to be effective based upon research or national best practice standards. The CFST Social Worker will also assess identified children periodically to determine progress and sustained improvement in educational, health, safety, behavioral, and social outcomes. The CFST Social Worker will record data required by the initiative evaluation plan, and will provide that data to initiative evaluators. All data reporting requirements will observe appropriate FERPA and any other relevant confidentiality restrictions.

The legislation creating the initiative directs that in each county with a participating school, the superintendent of the local LEA shall either identify an existing cross agency collaborative or

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council, or shall form a new group, to serve as a local advisory committee to work with the Initiative, to be called the Local Child and Family Support Team Advisory Committee. Newly formed committees shall be chaired by the superintendent and one other member of the committee to be elected by the committee. The local advisory committee shall include the directors of the county departments of social services and health, the directors of the local management entity, the chief district court judge, the chief district court counselor, and representatives of other agencies providing services to children, as designated by the Committee. The CFST Social Worker shall attend, participate in and otherwise support the local leadership team as requested by the Committee chair.

The Child and Family Support Team Social Worker will use the strengths of the CFST Initiative model to help achieve the goals of the CFST Initiative. The activities of the CFST Social Worker are consistent with recognized best practice standards in social work in general and school social work in particular.

ADDITIONAL SCHOOL SOCIAL WORKER ACTIVITIES

As mentioned above, while the primary responsibility of the CFST Social Worker is to lead Child and Family Support Teams and participate in Child and Family Support Teams led by other local agencies, in many instances CFST Social Workers will also be able to carry out social work responsibilities consistent with best practices in traditional school social work. A synoptic version of these activities follows. A more complete description of these activities is included as Appendix I.

Direct Services with Students

The School Social Worker employs appropriate social work methods to address the student's health and human services needs and educational progress.

Direct Services with Families/Communities

The School Social Worker employs appropriate social work methods to address the student's health and human services needs and educational progress.

Program Planning and Evaluation

The School Social Worker may facilitate, participate in, and provide input for system-wide, school-based, and departmental program planning, evaluation, and development of policies.

Advocacy

The School Social Worker operates as an advocate with all community populations utilizing skills that respect issues of cultural and ethnic diversity and equity for every student and family.

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Consultation and Education

The School Social Worker may provide specialized consultative services to school staff, community agencies and other professionals.

APPENDIX II: ADDITIONAL SCHOOL SOCIAL WORKER ACTIVITIES

As mentioned above, while the primary responsibility of the CFST Social Worker is to lead Child and Family Support Teams and participate in Child and Family Support Teams led by other local agencies, in many instances CFST Social Workers will also be able to carry out social work responsibilities consistent with best practices in traditional school social work. A description of these activities, adapted from DPI guidance, is as follows:

Training and Licensure: School Social Workers are educated at the undergraduate and graduate levels. The areas of training include social work and educational topics:

- consultation
- diversity
- family and community systems
- group processes and leadership skills
- human behavior and development
- policy
- populations at risk
- practice
- professional ethics
- research
- social and economic justice
- social work theory and practice

Licensure of School Social Workers in North Carolina is handled by the Licensure Division in the Department of Public Instruction, upon recommendation of DPI-approved social work programs. Licensure requires either a bachelor's degree or a master's degree from a social work program accredited by the Council on Social Work Education and a school social work practicum experience in a public school. Individual colleges and universities will have additional and varied course requirements. The Department of Public Instruction requires continuing education for all School Social Workers.

The School Social Work Licensure discussed in this section is not to be confused with any of the licenses or certifications offered under North Carolina General Statutes Chapter 90B, which are administered by the North Carolina Certification and Licensing Board for Social Work. However, qualified School Social Workers (those meeting the requirements of Chapter 90B mandates for each certification or licensure) may apply for any of the licenses or certification offered by Chapter 90B, including the Licensed Clinical Social Worker (LCSW). If a School Social Worker also holds a LCSW, they are allowed under state law to practice clinical social work, including psychotherapy.

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Direct Services

Direct Services with students

The School Social Worker employs appropriate social work methods to address the student's health and human services needs and educational progress.

Services provided by the School Social Worker may include:

- Assessment of student needs
- Promotion of safe, caring, and drug free schools
- Empowerment of/advocacy for students
- Provision of culturally competent services
- Provision of appropriate services for homeless students
- Provision of individual counseling
- Facilitation of group counseling
- Promotion of student self-esteem
- Promotion of anger management skills
- Promotion of impulse control skills
- Promotion of social skills
- Substance abuse prevention
- Provision of crisis intervention services
- Provision of short/long-term case management services to individual students
- Referrals to community agencies
- Coordination of services with community agencies
- Coordination of services with other disciplines within the school
- Participate in transition planning for students
- Report suspected child abuse/neglect

Direct Services with Families/Communities

The School Social Worker employs appropriate social work methods to address the student's health and human services needs and educational progress.

The School Social Worker may:

- Promote parental involvement in the schools
- Promote parental involvement in school conferences
- Conduct family needs assessments
- Promote safe, caring, and drug free schools
- Promote empowerment of/advocacy for families
- Provide culturally competent services
- Provide appropriate services/referrals for homeless families
- Provide crisis intervention services
- Refer to community agencies
- Facilitate parent groups
- Promote parenting skills

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- Promote substance abuse awareness
- Work to meet the needs of children with special needs
- Work to prevent child abuse
- Assist families with the interpretation of school policies and procedures
- Collaborate with community agencies
- Collaborate with support personnel within the school
- Participate in case conferences with other school specialists
- Participate in the identification and resolution of school-wide/community needs
- Interpret the School Social Work role to the community
- Serve as a liaison between the school/family/community
- Participate in referrals and case management of students/families involved in the court system
- Promote a safe, caring, and drug free school environment

Program Planning and Evaluation

The School Social Worker may facilitate, participate in, and provide input for system wide, school based, and departmental program planning, evaluation, and development of policies.

Advocacy

The School Social Worker operates as an advocate with all community populations utilizing skills that respect issues of cultural and ethnic diversity and equity for every student and family.

The School Social Worker:

- Facilitates the implementation of federal and state education regulations
- Addresses child abuse and neglect, due process, and liability issues
- Advocates for school environments to operate in the best interests of children
- Encourages parents to be actively involved in their children's educational experiences
- Adheres to the National Association of Social Workers code of ethical behavior and professional practice.

Consultation and Education

The School Social Worker may provide specialized consultative services to school staff, community agencies and other professionals. Services are designed to assist families, students, and educational professionals in providing quality interventions, which allow students to meet their health, human services and educational needs in order to reach their highest educational, developmental and social potential.

Professional Practice, Development and Management

The School Social Worker shows evidence of professional growth, development and management and adheres to a professional code of ethics.

School Social Workers:

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- Adhere to the values and ethics of the social work profession and use the NASW Standards for School Social Work Services and Code of Ethics as guides in decision-making
 - Model professional behaviors that contribute to addressing the needs of students, families, and the school community
 - When necessary and appropriate, actively seek the supervision of a school social work supervisor or another School Social Work professional
 - Keep abreast of current community resources and determine how these resources may be beneficial to the student, her/his family, and the family's involvement in the academic process
 - Understand, and practice in accordance with, federal, state, and local laws, statutes, and/or policies that relate to students and families; such as, child protection/child abuse, special education, attendance, education rights and privacy
 - Consult with school personnel to encourage compliance with laws, statutes, and policies
 - Assume responsibility for her/his own continued professional development
-
- With support from the LEA, maintain professional materials for professional growth and development; including periodicals, books, and software
 - Practice professional renewal through a variety of means; such as, attending regional and national conferences, participating in professional organizations, and remaining abreast of current research and literature
 - Expand and exchange knowledge through consultation with coordinators, specialists, psychologists, counselors, and other colleagues
 - Evaluate, interpret, and perform research with specific application to student, family, and community issues
 - Develop and maintain skills that increase the social worker's initiative and effectiveness in working in school settings
 - Maintain accurate and appropriate case records and documentation
 - Maintain a statistical, demographic breakdown of current caseload

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APPENDIX I: CFST LEGISLATION

COLLABORATION AMONG DEPARTMENTS OF ADMINISTRATION, HEALTH AND HUMAN SERVICES, JUVENILE JUSTICE AND DELINQUENCY PREVENTION, AND PUBLIC INSTRUCTION ON SCHOOL-BASED CHILD AND FAMILY TEAM INITIATIVE

SECTION 6.24.(a) School-Based Child and Family Team Initiative established. –

(1) Purpose and duties. – There is established the School-Based Child and Family Team Initiative. The purpose of the Initiative is to identify and coordinate appropriate community services and supports for children at risk of school failure or out-of-home placement in order to address the physical, social, legal, emotional, and developmental factors that affect academic performance. The Department of Health and Human Services, the Department of Public Instruction, the State Board of Education, the Department of Juvenile Justice and Delinquency Prevention, the Administrative Office of the Courts, and other State agencies that provide services for children shall share responsibility and accountability to improve outcomes for these children and their families. The Initiative shall be based on the following principles:

- a. The development of a strong infrastructure of interagency collaboration;
- b. One child, one team, one plan;
- c. Individualized strengths-based care;
- d. Accountability;
- e. Cultural competence;
- f. Children at risk of school failure or out-of-home placement may enter the system through any participating agency;
- g. Services shall be specified, delivered, and monitored through a unified Child and Family Plan that is outcome-oriented and evaluation-based;
- h. Services shall be the most efficient in terms of cost and effectiveness and shall be delivered in the most natural settings possible;
- i. Out-of-home placements for children shall be a last resort and shall include concrete plans to bring the children back to a stable, permanent home, their schools, and their community; and
- j. Families and consumers shall be involved in decision making throughout service planning, delivery, and monitoring.

(2) Program goals and services. – In order to ensure that children receiving services are appropriately served, the affected State and local agencies shall:

- a. Increase capacity in the school setting to address the academic, health, mental health, social, and legal needs of children.
- b. Ensure that children receiving services are screened initially to identify needs and assessed periodically to determine progress and sustained improvement in educational, health, safety, behavioral, and social outcomes.

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- c. Develop uniform screening mechanisms and a set of outcomes that are shared across affected agencies to measure children's progress in home, school, and community settings.
- d. Promote practices that are known to be effective based upon research or national best practice standards.
- e. Review services provided across affected State agencies to ensure that children's needs are met.
- f. Eliminate cost shifting and facilitate cost-sharing among governmental agencies with respect to service development, service delivery, and monitoring for participating children and their families.
- g. Participate in a local memorandum of agreement signed annually by the participating superintendent of the local LEA, directors of the county departments of social services and health, director of the local management entity, the chief district court judge, and the chief district court counselor.

(3) Local level responsibilities. – In coordination with the North Carolina Child and Family Leadership Council (Council), the local board of education shall establish the School-Based Child and Family Team Initiative (Initiative) at designated schools and shall appoint the Child and Family Team Leaders who shall be a school nurse and a school social worker. Each local management entity that has any selected schools in its catchment area shall appoint a Care Coordinator, and any department of social services that has a selected school in its catchment area shall appoint a Child and Family Teams Facilitator. The Care Coordinators and Child and Family Team Facilitators shall have as their sole responsibility working with the selected schools in their catchment areas and shall provide training to school-based personnel, as required. The Child and Family Team Leaders shall identify and screen children who are potentially at risk of academic failure or out-of-home placement due to physical, social, legal, emotional, or developmental factors. Based on the screening results, responsibility for developing, convening, and implementing the Child and Family Team Initiative is as follows:

- a. School personnel shall take the lead role for those children and their families whose primary unmet needs are related to academic achievement.
- b. The local management entity shall take the lead role for those children and their families whose primary unmet needs are related to mental health, substance abuse, or developmental disabilities and who meet the criteria for the target population established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services.
- c. The local department of public health shall take the lead role for those children and their families whose primary unmet needs are health-related.
- d. Local departments of social services shall take the lead for those children and their families whose primary unmet needs are related to child welfare, abuse, or neglect.

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- e. The chief district court counselor shall take the lead for those children and their families whose primary unmet needs are related to juvenile justice issues.

A representative from each named or otherwise identified publicly supported children's agency shall participate as a member of the Team as needed. Team members shall coordinate, monitor, and assure the successful implementation of a unified Child and Family Plan.

(4) Reporting requirements. – School-Based Child and Family Team Leaders shall provide data to the Council for inclusion in their report to the North Carolina General Assembly. The report shall include the following:

- a. The number of and other demographic information on children screened and assigned to a team and a description of the services needed by and provided to these children;
- b. The number of and information about children assigned to a team who are placed in programs or facilities outside the child's home or outside the child's county and the average length of stay in residential treatment;
- c. The amount and source of funds expended to implement the Initiative;
- d. Information on how families and consumers are involved in decision making throughout service planning, delivery, and monitoring;
- e. Other information as required by the Council to evaluate success in local programs and ensure appropriate outcomes; and
- f. Recommendations on needed improvements.

(5) Local advisory committee. – In each county with a participating school, the superintendent of the local LEA shall either identify an existing cross agency collaborative or council, or shall form a new group, to serve as a local advisory committee to work with the Initiative. Newly formed committees shall be chaired by the superintendent and one other member of the committee to be elected by the committee. The local advisory committee shall include the directors of the county departments of social services and health, the directors of the local management entity, the chief district court judge, the chief district court counselor, and representatives of other agencies providing services to children, as designated by the Committee. The members of the Committee shall meet as needed to monitor and support the successful implementation of the School-Based Child and Family Team Initiative.

The Local Child and Family Team Advisory Committee may designate existing cross agency collaboratives or councils as working groups or to provide assistance in accomplishing established goals.

SECTION 6.24.(b) North Carolina Child and Family Leadership Council. –

(1) Leadership Council established; location. – There is established the North Carolina Child and Family Leadership Council (Council). The Council shall be located within the Department of Administration for organizational and budgetary purposes.

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(2) Purpose. – The purpose of the Council is to review and advise the Governor in the development of the School-Based Child and Family Team Initiative and to ensure the active participation and collaboration in the Initiative by all State agencies and their local counterparts providing services to children in participating counties in order to increase the academic success and reduce out-of-home and out-of-county placements of children at risk of academic failure.

(3) Membership. – The Superintendent of Public Instruction and the Secretary of Health and Human Services shall serve as cochairmen of the Council. Council membership shall include the Secretary of the Department of Juvenile Justice and Delinquency Prevention, the Chairman of the State Board of Education, the Director of the Administrative Office of the Courts, and other members as appointed by the Governor.

(4) The Council shall:

- a. Sign an annual memorandum of agreement (MOA) among the named State agencies to define the purposes of the program and to ensure that program goals are accomplished.
- b. Resolve State policy issues, as identified at the local level, which interfere with effective implementation of the School-Based Child and Family Team Initiative.
- c. Direct the integration of resources, as needed, to meet goals and ensure that the Initiative promotes the most effective and efficient use of resources and eliminates duplication of effort.
- d. Establish criteria for defining success in local programs and ensure appropriate outcomes.
- e. Develop an evaluation process, based on expected outcomes, to ensure the goals and objectives of this Initiative are achieved.
- f. Review progress made on integrating policies and resources across State agencies, reaching expected outcomes, and accomplishing other goals.
- g. Report semiannually, on January 1 and July 1, on progress made and goals achieved to the Office of the Governor, the Joint Appropriations Committees and Subcommittees on Education, Justice and Public Safety, and Health and Human Services, and the Fiscal Research Division of the Legislative Services Office.

The Council may designate existing cross agency collaboratives or councils as working groups or to provide assistance in accomplishing established goals.

SECTION 6.24.(c) Department of Health and Human Services. – The Secretary of the Department of Health and Human Services shall ensure that all agencies within the Department collaborate in the development and implementation of the School-Based Child and Family Team Initiative and provide all required support to ensure that the Initiative is successful.

SECTION 6.24.(d) Department of Juvenile Justice and Delinquency Prevention. – The Secretary of the Department of Juvenile Justice and Delinquency Prevention shall ensure that all agencies within the Department collaborate in the development and implementation of the

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School-Based Child and Family Team Initiative and provide all required support to ensure that the Initiative is successful.

SECTION 6.24.(e) Administrative Office of the Courts. – The Director of the Administrative Office of the Courts shall ensure that the Office collaborates in the development and implementation of the School-Based Child and Family Team Initiative and shall provide all required support to ensure that the Initiative is successful.

SECTION 6.24.(f) Department of Public Instruction. – The Superintendent of Public Instruction shall ensure that the Department collaborates in the development and implementation of the School-Based Child and Family Team Initiative and shall provide all required support to ensure that the Initiative is successful.

Attachment I: Instructions for Completing the CFST Reasons for Referral Form

Instructions for Completing the CFST Reasons for Referral Form

Complete the form on each child deemed to be at risk of school failure or out-of-home placement. Use the best information available. Check each factor that accurately describes the child. Check as many as apply to the child. Once completed please turn it in to the Child and Family Team Leaders.

Academic Factors: (Check these if the child has ...)	
<ul style="list-style-type: none">○ been retained (held back) one or more years○ failed 2 or more subjects in the most recent semester○ experienced a sudden drop in grades	<ul style="list-style-type: none">○ scored 2 or lower on end of the year test○ been learning English as a second language○ been classified as eligible for an Exceptional Children services due to a disability or being identified as academically or intellectually gifted
Attendance Factors: (Check these if the child has ...)	
<ul style="list-style-type: none">○ excessive absences (5 or more unexcused absences per year or a total number of absences, excused or unexcused, amounting to 10% or more of the total number of school days per year)○ a history of leaving school grounds prior to the close of school	<ul style="list-style-type: none">○ excessive tardiness (5 or more unexcused tardies per year or a total number of tardies, excused or unexcused, amounting to 10% or more of the total number of school days per year)
Social Factors: (Check these if the child has ...)	
<ul style="list-style-type: none">○ a history of aggressive, antisocial behavior (may be demonstrated by using physical or psychological aggression to dominate others, hostility, aggression, defiance, or a willingness to violate rules)○ a history of inappropriate, negative attention-seeking behavior (may be demonstrated by being unusually loud, responding negatively to authority, trying to force his/her way into peer groups, habitual lateness in getting materials ready and assignments turned in, frequently being out of his/her seat, asking unnecessary questions, trying to be nonconformist in order to gain attention, saying the wrong thing at the wrong time, often wearing unusual or attention-getting clothing, using profanity or crude language).○ been involved in delinquent activities (behavior which could result in him/her being arrested and prosecuted for violations of Statutes defining criminal behavior).	<ul style="list-style-type: none">○ been suspended from school during the current school year for disciplinary reasons○ become withdrawn or demonstrated extreme changes in behavior for no apparent reason○ become socially awkward or has not developed supportive relationships with positive peers.

Attachment I: Instructions for Completing the CFST Reasons for Referral Form

Health and Human Service Factors: (Check these if the child ...)	
<ul style="list-style-type: none">○ has one or more crisis in his/her family (may be loss of housing, family member's death/severe illness, loss of parent's employment, deployment of a parent to war, sibling birth,○ has been, or currently is, the subject of a CPS assessment concerning suspected abuse or neglect (<i>NOTE: this is not appropriate if there is a suspicion the child is currently being abused or neglected. If that is the case, the situation must be reported directly to the county DSS as required by NC General Statute.</i>)○ has been involved in alcohol/substance (not including tobacco) use or abuse (may be demonstrated by the repeated use of substances resulting in the disruption of functioning, interpersonal problems, or poor school performance)○ is pregnant or parenting a child (also use this if the child is male and has fathered a child but may not be providing regular care for him/her)○ has untreated health/medical problems resulting in dysfunction at school○ has untreated mental or emotional health problems resulting in dysfunction at school	<ul style="list-style-type: none">○ low self-esteem (may be demonstrated by a lack of confidence, withdrawal, doubt of abilities, self-disparagement)○ has a family income too low to provide for one or more basic household necessities (rent, heat, light, food, clothing)○ has a teenaged sibling that has dropped out of school or is a parent○ is currently or has been the subject of a non-CPS DSS referral (Work First Family Assistance, food stamps, pregnancy services, Emergency Assistance for food, utilities, rent, etc.)

In the space provided please describe any services the child and/or family are receiving to address the factors noted in the referral. These may be provided by any agency, not limited to school-based services.

In the "Comments" space provided please provide any additional information you feel necessary to adequately describe the child's situation to the Child and family team Leaders.

Attachment J: CFST Reasons for Referral Form

Student Name	Grade	DOB
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Reason(s) for Referral to Child & Family Support Team
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Please check off any factors or characteristics listed below which apply to this student:

1. Academic factors

Retained (held back) one or more years	ESL
Failed 2+ subjects in a recent semester	Exceptional Children Classification
Sudden drop in grades	Other _____
EOC/EOG (score ≤ 2)	_____

2. Attendance

Excessive absences	Frequently leaves before school day is over
Excessive tardies	Other _____

3. Social interactions

Routinely demonstrates aggressive or anti-social behavior, bullies others	Low self-esteem
Routinely demonstrates inappropriate, negative, attention-getting behavior	Experience w/bullying as victim
Involved in delinquent activities	Withdrawn/Change in Behavior
Has been suspended from school for disciplinary reasons	Socially awkward; difficulty building relationships with peers
	Other _____

4. Potential identified health and human services needs

Family in crisis	Family income too low to provide basic necessities
History of abuse or neglect/domestic violence	Sibling has dropped out of school or is teen parent
Suspected alcohol or substance use/abuse	Prior or current DSS non-CPS referral
Pregnant/parenting	Other _____
Health concerns	
Mental health concerns	

Comments:

Attachment J: CFST Reasons for Referral Form

(e.g. observations/reports of acute, chronic, frequency, duration, intensity of concern, in specific setting or multiple settings, in all/some relationships, when/what is a safe environment for this child to build strengths, triggers noted, etc.)

Describe any education, health or human services student and/or family are currently receiving:

Describe any education, health or human services student and/or family needs but are not currently receiving: